

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-25-2002 90020 029 ***150.00

DOCUMENT # P01000096108
 1. Entity Name
HOLYART, INC.

Principal Place of Business Mailing Address
5128 MIRROR LAKES BLVD **5128 MIRROR LAKES BLVD**
BOYNTON BEACH FL 33437 **BOYNTON BEACH FL 33437**

2. Principal Place of Business 3. Mailing Address
1870 HWY 81 SOUTH **1870 HWY 81 SOUTH**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JONESBOROUGH, TN **JONESBOROUGH**
 Zip Country Zip Country
37659 **USA** **37659** **USA**

4. FEI Number Applied For
EIN-65-1140866 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CROZIER, KATHLEEN M
5128 MIRROR LAKES BLVD
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent
 Name **CROZIER, KATHLEEN M.**
 Street Address (P.O. Box Number is Not Acceptable)
311 SE 9^{1/2} COURT
 City **POMPANO BEH** FL Zip Code **33060**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *Kathleen M. Crozier* DATE **1-11-02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUNIK, HAZEL E 5128 MIRROR LAKES BLVD BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KUNIK, JOHN M 5128 MIRROR LAKES BLVD BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRANQUI, JUDITH A 23037 SAILFISH LANE CUDJOE KEY FL 33042	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CROZIER, KATHLEEN M 311 S.E. 9TH COURT POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 1870 HWY 81 SOUTH JONESBOROUGH, TN 37659	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV 1870 HWY 81 SOUTH JONESBOROUGH, TN 37659	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: *Kathleen M. Crozier* Date **Jan 11, 2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)